

P22000013542

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : TAP SOLUTIONS INC
Account Number : I20210000103
Phone : (786)615-3057
Fax Number : (786)615-3058

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 FEB 22 AM 6:18

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@tapsolution.net

2022 FEB 22 AM 8:19

**FLORIDA PROFIT/NON PROFIT CORPORATION
MARCOS JIMENEZ CORPORATION**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

22 FEB 22 AM 6:18

ARTICLE I NAMEThe name of the corporation shall be: MARCOS JIMENEZ CORPORATIONSECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

11605 SW 184TH STMIAMI, FL 33157**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ACTIVITY**ARTICLE IV SHARES**The number of shares of stock is: 100 PERCENT @ \$10.00 EACH**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MARCOS ANTONIO JIMENEZ PEREZ- PRST Name and Title: _____Address 11605 SW 184TH ST Address: _____MIAMI, FL 33157 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: TAP SOLUTIONS INCAddress: 2341 NW 7TH STMIAMI, FL 33125**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: MARCOS ANTONIO JIMENEZ PEREZAddress: 11605 SW 184TH STMIAMI, FL 33157

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

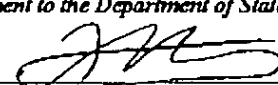


Required Signature/Registered Agent

02/21/22

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

02/21/22

Date